

101		STATE OF NEVADA TRAFFIC ACCIDENT REPORT				102	
OCCURRED ON: (Highway No. or Street Name)					City or County:		STREET CODE: 201
1 <input type="checkbox"/> At intersection with 2 <input type="checkbox"/> or _____ feet _____ of _____							STREET CODE: 202
No.	DRIVER: 1 <input type="checkbox"/>	PEDES- TRIAN: 2 <input type="checkbox"/>	PARKED VEHICLE: 3 <input type="checkbox"/>	PEDAL CYCLIST: 4 <input type="checkbox"/>	OTHER: 5 <input type="checkbox"/>	EXPLAIN "OTHER":	No.
Issued by: _____ No.: _____ Date: _____ From: _____ To: 301							Issued by: _____ No.: _____ Date: _____ From: _____ To: 301
Address, City, State and Zip Code: _____							Address, City, State and Zip Code: _____
Name: (Last, First, Middle) _____ 302 DOB: _____ 303							Name: (Last, First, Middle) _____ 302 DOB: _____ 303
Street Address, City, State and Zip Code: _____ 304							Street Address, City, State and Zip Code: _____ 304
State/Driver's License No.: _____ 305 Social Security No.: _____ 306 Sex: _____ 307							State/Driver's License No.: _____ 305 Social Security No.: _____ 306 Sex: _____ 307
State: _____ 401 License No.: _____ 402 Year and Make: _____ 403 Traveling: _____ 407	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>						
Color: _____ 404 Vehicle Identification No.: _____ 405 Type: _____ 406	on _____ Route _____						
Owner's Name: (Last, First, Middle) _____ 408							
Owner's Address: (Street, City, State and Zip Code) _____ 409							
Trailing Unit(s): (Description) _____ 410							
DATE/TIME OF ACCIDENT: 601		SHEET _____ OF _____ 602		SEVERITY: 603		UNUSUAL ROAD CONDITIONS: 606	
Date: ____/____/____ (Mo.) (Day) (Yr.)		Total No.: _____ Vehicles _____ Occupants _____ Pedestrians _____ Injured _____ Killed _____		1 <input type="checkbox"/> Fatal 2 <input type="checkbox"/> Injury 3 <input type="checkbox"/> Property Damage CONDITION OF SURFACE: 604 WEATHER: 605		1 <input type="checkbox"/> Holes/deep ruts 2 <input type="checkbox"/> Loose material on road 3 <input type="checkbox"/> Obstruction in road 4 <input type="checkbox"/> Construction/repair zone 5 <input type="checkbox"/> Reduced road width 6 <input type="checkbox"/> Flooded 7 <input type="checkbox"/> Other (explain) _____ 8 <input type="checkbox"/> No unusual conditions	
Day of Week: _____		Time (24 hr.): _____		1 <input type="checkbox"/> Dry 3 <input type="checkbox"/> Snowy-icy 2 <input type="checkbox"/> Wet 4 <input type="checkbox"/> Unknown 5 <input type="checkbox"/> Other _____		1 <input type="checkbox"/> Clear 3 <input type="checkbox"/> Raining 2 <input type="checkbox"/> Cloudy 4 <input type="checkbox"/> Snowing 5 <input type="checkbox"/> Other (explain) _____	
Property Damage Other Than Vehicles: (Describe) _____ 608							
Owner Name and Address: _____ Notified of Damage: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
DRIVERS ONLY:							
1 2 01 <input type="checkbox"/> Going straight 02 <input type="checkbox"/> Turning right 03 <input type="checkbox"/> Turning left 04 <input type="checkbox"/> Making U-turn 05 <input type="checkbox"/> Backing		1 2 06 <input type="checkbox"/> Stopped 07 <input type="checkbox"/> Parked 08 <input type="checkbox"/> Entering park position 09 <input type="checkbox"/> Leaving park position 10 <input type="checkbox"/> Entering alley or driveway		1 2 11 <input type="checkbox"/> Leaving alley or driveway 12 <input type="checkbox"/> Passing other vehicle 13 <input type="checkbox"/> Changing lanes 14 <input type="checkbox"/> Other turning movement 15 <input type="checkbox"/> Crossed into opposite lane		1 2 16 <input type="checkbox"/> Traveling wrong way 17 <input type="checkbox"/> Driverless-moving vehicle 18 <input type="checkbox"/> Racing 19 <input type="checkbox"/> Other _____ 20 <input type="checkbox"/> Unknown	
CONTRIBUTING FACTORS:							
1 2 01 <input type="checkbox"/> Excessive speed 02 <input type="checkbox"/> Speed too fast for conditions 03 <input type="checkbox"/> Failed to yield right-of-way 04 <input type="checkbox"/> Drove left of center 05 <input type="checkbox"/> Disregard control device (explain) 06 <input type="checkbox"/> Improper overtaking		1 2 07 <input type="checkbox"/> Followed too closely 08 <input type="checkbox"/> Made improper turn 09 <input type="checkbox"/> Driver inattention 10 <input type="checkbox"/> Had been drinking 11 <input type="checkbox"/> Other improper driving 12 <input type="checkbox"/> Pedestrian error (explain)		1 2 13 <input type="checkbox"/> Mechanical defect (explain) 14 <input type="checkbox"/> Road defect (explain) 15 <input type="checkbox"/> Other—not involving driver error		EXPLAIN "OTHER": 702	
Describe What Happened: _____ 703							
Violation Charged: _____ Citation/Booking No.: 704							
Name _____ Charge(s) _____							
Name _____ Charge(s) _____							
Investigated by: _____ 705 I.D. No.: _____ 706 Date: _____ 707 Reviewed by: _____ 708 Investigation Is Complete: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 709							

NHP 5 (Rev. 11-90)